CHILD & ADULT CARE FOOD PROGRAM INCOME ELIGIBILITY FORM 2018-2019
Adult Care Centers

Center Name: _____

Instructions for completing this form are on the other side of this sheet. If you have questions, please contact the Center Director for help.

1. List **Name of Participant** attending the center	
2. If the participant lives in a **3SquaresVT HOUSEHOLD** or receives Supplemental Security Income (SSI) **or MEDICAID**, list the number(s) here, then SKIP TO PART 4 of this form.	3SquaresVT Number: SSI Number: Medicaid Number:

3. List **NAMES OF ALL HOUSEHOLD MEMBERS**. This includes all people living in the household, whether they are related or not. Use a separate sheet if you need more space.	**Enter gross income (before deductions) of each household member for the last month** and **state how often it is received (Weekly, monthly, every two weeks, twice a month, or annually)**				
	Gross Earnings from work – before deductions	**Child Support, Alimony or Welfare**	**Social Security Pensions Retirement**	**Any other Income**	**Check if No Income**
SAMPLE: *Jane Smith*	$ 249.00 / weekly	$ 300.00/ month	$ _____ /_____	$ _____ /_____	□
	$ _____ /_____	$ _____ /_____	$ _____ /_____	$ _____ /_____	□
	$ _____ /_____	$ _____ /_____	$ _____ /_____	$ _____ /_____	□
	$ _____ /_____	$ _____ /_____	$ _____ /_____	$ _____ /_____	□
	$ _____ /_____	$ _____ /_____	$ _____ /_____	$ _____ /_____	□
	$ _____ /_____	$ _____ /_____	$ _____ /_____	$ _____ /_____	□

4. **SIGNATURE AND SOCIAL SECURITY NUMBER**: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Adult or Legal Guardian	Social Security Number: XXX – XX - __ __ __ __ □ I do not have a Soc. Sec. number
Street/Apt No.	Home Phone Work Phone
City/State/Zip	Date Signed

Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org.
For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit www.vermontfoodhelp.com.

THE SPACE BELOW IS FOR CENTER USE ONLY

Household Size: _____	Total Income_____ Per Time Period ___Year __Month __2XMonth __Every 2 Weeks __Week	**NOTE: Annual Income Conversion -** Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12

To be valid, this form must be signed and dated. _____ _____ **Signature of Director** **Date** **Center Directors:** Be sure to use the Income Eligibility Guidelines for CACFP to approve this form. See CACFP Form #25	Eligibility Determination: (Check the box and circle the reason) **[ ] Free** Income 3SquaresVT SSI Medicaid	**[ ] Reduced** Income	**[ ] Denied** Over Income Incomplete Form

Vermont Agency of Education

INSTRUCTIONS FOR APPLYING

If your household receives 3SquaresVT, SSI, or Medicaid, follow these instructions:

Part 1: Print the name of the adult enrolled in the center.

Part 2: Enter the name of the head of household and the Case Number.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of the Social Security number are not necessary if you are listing a 3SquaresVT.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List the name of the adult enrolled in the center.

Part 2: Skip this part if the household does not have a case number.

Part 3: Follow these instructions to report **total household income** from last month.

First Column –Name: List the first and last name of **each person** living in the household, related or not (such as grandparents, other relatives, or friends). You must include yourself, the participant you are completing the form for, and other related and unrelated people living in the household. Attach another sheet of paper if you need to.

Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list **gross income –** not take home pay. Gross income is the amount earned before taxes and other deductions. This should be on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans Benefits (VA benefits), and disability benefits. Under *Any other Income* list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from 3SquaresVT, WIC, Federal Education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of the Social Security number.

Income Eligibility Guidelines

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional household member add	7,992	666	333	308	154

The chart to the left shows the reduced price guidelines.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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